### Case 17-20240-jra Doc 16 Filed 02/13/17 Page 1 of 20

Fill in	this info	ormation to identify you	case and this filing:		
Debto	or 1	Lauren F.A. Pric	9		
Dabte	0	First Name	Middle Name Last Name		
Debto (Spous	or Z e, if filing)	First Name	Middle Name Last Name		
Unite	d States I	Bankruptcy Court for the:	NORTHERN DISTRICT OF INDIANA		
Case	number	17-20240-jpk			Check if this is an amended filing
Offi	cial F	orm 106A/B			
Scl	hedu	lle A/B: Prop	pertv		12/15
in each think it inform	n category t fits best.	r, separately list and descri Be as complete and accur ore space is needed, attac	oe Items. List an asset only once. If an asset fits in ate as possible. If two married people are filing tog n a separate sheet to this form. On the top of any ac	ether, both are equally responsible fo	r supplying correct
Part 1	Descri	be Each Residence, Buildir	g, Land, or Other Real Estate You Own or Have an I	Interest In	
1. Do	you own o	or have any legal or equitab	le interest in any residence, building, land, or simila	ar property?	
<b>II</b> .	- No. Go to F	Oort 2			
_		re is the property?			
	_	, , ,			
Part 2	Descri	be Your Vehicles		<del></del>	
some	one else o	drives. If you lease a vehi	uitable interest in any vehicles, whether they cle, also report it on Schedule G: Executory Con utility vehicles, motorcycles		y venicies you own that
		trucks, fractors, sport	tility vericles, motorcycles		
, I	Yes				
3.1	Make: Model:	Hummer H2	Who has an interest in the property? Cr ■ Debtor 1 only	the amount of any se	ed claims or exemptions. Put cured claims on Schedule D: Claims Secured by Property.
	Year:	2003	Debtor 2 only	Current value of the	essensi tasi menengarah di melandi 1976 dan
	* *	mate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other in	formation:	At least one of the debtors and anothe	Г	
			Check if this is community property (see instructions)	\$12,000.0	\$12,000.00
Exa	amples: B		ATVs and other recreational vehicles, other vesonal watercraft, fishing vessels, snowmobiles, r		
			you own for all of your entries from Part 2, in 2. Write that number here		\$12,000.00
		be Your Personal and Hou			
Do y	ou own	or have any legal or equ	table interest in any of the following items?		Current value of the portion you own?
					Do not deduct secured claims or exemptions.
E		goods and furnishings Major appliances, furnitu	e, linens, china, kitchenware	and and the control of the control o	and a succession of the succes
	al Form 1	06A/B	Schedule A/B: Property		page :

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Best Case Bankruptcy

### Case 17-20240-jra Doc 16 Filed 02/13/17 Page 2 of 20

Debte	or 1	Lauren F.A.	Price		· · · · · · · · · · · · · · · · · · ·	Case number (if known)	17-20240-jpk
	Yes.	Describe					
			Household	furniture & applia	ances		\$2,000.00
Ex	No	es: Televisions a		o, video, stereo, and o as, media players, ga	digital equipment; computers, p ames	printers, scanners; music c	collections; electronic devices
			Misc. electr	onics including T	TV & computer equipment	t	\$2,000.00
<i>E</i> >	kampl No		figurines; painti ons, memorabili		artwork; books, pictures, or oth	ner art objects; stamp, coin	, or baseball card collections;
<i>E</i> )	kampl No	ent for sports a les: Sports, photo musical instr	graphic, exercis	se, and other hobby e	equipment; bicycles, pool table	es, golf clubs, skis; canoes	and kayaks; carpentry tools;
10. F £	irearr ∃ <i>xamµ</i> No	ms	s, shotguns, am	munition, and related	d equipment		
	No		othes, furs, leat	ner coats, designer v	wear, shoes, accessories		
_	165.	Describe	Wearing ap	parel			\$1,000.00
13. N	<i>Examµ</i> I No I Yes. Ion-fa	ry ples: Everyday je Describe arm animals ples: Dogs, cats,		jewelry, engagemen	t rings, wedding rings, heirloon	n jewelry, watches, gems,	gold, silver
	Yes.	Describe				W	
	No	ther personal ar		ems you did not all	ready list, including any heal	ith aids you did not list	
15.					including any entries for pag	jes you have attached	\$5,000.00
Part		escribe Your Finar					
Doy	/ou o\	wn or have any	egal or equital	ole interest in any o	of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B

Schedule A/B: Property

page 2

## Case 17-20240-jra Doc 16 Filed 02/13/17 Page 3 of 20

Del	otor 1	Lauren F.A	. Price			Case number (if known)	17-20240-jpk
J	■ No		u have in your wallet, in y			nd on hand when you file your petiti	on
	Examp _	ts of money les: Checking, institution	savings, or other financi s. If you have multiple ac	al accounts; counts with t	certificates of deposit; he same institution, list	shares in credit unions, brokerage each.	houses, and other similar
	■ No □ Yes				Institution name:		
ı	Examp ■ No	oles: Bond fund	s, or publicly traded sto ls, investment accounts v	vith brokerag		accounts	
		***************************************	Institution or				
	Non-pu joint v ■ No	ıblicly traded enture	stock and interests in i	ncorporated	l and unincorporated	businesses, including an interes	st in an LLC, partnership, and
	□ Yes.	Give specific i	nformation about them Name of entity:			% of ownership:	
	Negoti Non-ne ■ No	able instrumer egotiable instru	rporate bonds and othe ts include personal chec uments are those you can	ks. cashiers'	checks, promissory no	ites, and money orders.	
	□ Yes.	Give specific i	nformation about them Issuer name:				
	Retirer Examp	ment or pensiones: Interests i	on accounts n IRA, ERISA, Keogh, 40	01(k), 403(b),	, thrift savings accounts	s, or other pension or profit-sharing	plans
	□ Yes.	List each acco	ount separately.  Type of account:		Institution name:		
	Your s Examp	hare of all unu	nd prepayments sed deposits you have m nts with landlords, prepai	ade so that y d rent, public	you may continue servi utilities (electric, gas,	ice or use from a company water), telecommunications compa	nies, or others
	□ No ■ Yes.				institution name or in	dividual:	
					MS Renewal		\$1,245.00
	Annuit ■ No	ties (A contrac	t for a periodic payment o	of money to y	ou, either for life or for	a number of years)	
	☐ Yes		Issuer name and descrip	otion.			
	26 U.S.	ts in an educa C. §§ 530(b)(1	ation IR <b>A</b> , in an account ), 529A(b), and 529(b)(1	t in a qualifie ).	ed ABLE program, or	under a qualified state tuition p	ogram.
	■ No □ Yes.		Institution name and des	scription. Sep	parately file the records	s of any interests.11 U.S.C. § 521(c	·):
25.	Trusts ■ No	, equitable or	future interests in prop	erty (other t	than anything listed i	n line 1), and rights or powers ex	ercisable for your benefit
	☐ Yes.	Give specific	information about them	•			
26.	Exam	t <b>s, copyrights</b> ples: Internet c	, trademarks, trade sec Iomain names, websites,	rets, and oth proceeds fro	ner intellectual prope om royalties and licensi	rty Ing agreements	
	■ No □ Yes.	Give specific	information about them				

Schedule A/B: Property

D	ebtor '	1	Lauren	F.A. Price			••••	Case number (if know	vn)	17-20240-jpk
27	Exa ■ No	ampi o	les: Buildin	g permits, ex		s, cooperative as	sociation holdings,	liquor licenses, professional lice	ense	s
	□ Ye	9S.	Give specif	fic informatio	about them	•				
M	oney	or p	property ov	wed to you?						Current value of the portion you own? Do not deduct secured claims or exemptions.
28	. Тах	refu	unds owed	l to you						
	■ No		Give specifi	c informatior	about them, in	ncluding whether	you already filed th	e returns and the tax years		
29	Exa ■ No	ampi o		ue or lump su		ousai support, chi	ild support, mainter	ance, divorce settlement, prope	erty s	settlement
30	Exa	ampi o	les: Unpaid benefit		bility insurance ns you made t	e payments, disab o someone else	illity benefits, sick p	ay, vacation pay, workers' com	ipen:	sation, Social Security
31	. Inter Exa ■ No	rest ampi	is in insura les: Health,	ance policie: disability, or	i life insurance;	-	• • •	it, homeowner's, or renter's inst	uranı	pe
	□ Ye	es. N	Name the Ir		pany of each empany name:	policy and list its v	value.	Beneficiary:		Surrender or refund value:
32	If yo	ou a	erest in pro ire the bene ne has died	eficiary of a li	s due you froi ving trust, expe	m someone who ect proceeds from	has died a life insurance po	licy, or are currently entitled to	rece	ive property because
	■ No	-	Give specif	fic informatio	١					
33		mpi				t you have filed a nsurance claims,		a demand for payment		
		-	Describe e	ach claim						
34	. Othe		ontingent	and unliquid	lated claims o	of every nature, i	ncluding counterd	laims of the debtor and right	s to	set off claims
	□ Ye	es.	Describe e	ach claim						
35	■ No	0		-	iot already lis	t				
	□ Ye	<del>2</del> 8.	Give specit	fic informatio	1					
36								for pages you have attached		\$1,245.00
P	art 5:	Des	cribe Any B	usiness-Rela	ed Property Yo	u Own or Have an	Interest In. List any i	real estate in Part 1.		
37.	Do yo	ou o	wn or have	any legal or e	quitable interes	t in any business-r	elated property?			
			to Part 6.		-					
	☐ Yes	s. G	o to line 38.							

Official Form 106A/B Schedule A/B: Property page 4

## Case 17-20240-jra Doc 16 Filed 02/13/17 Page 5 of 20

Debi	tor 1	Lauren F.A. Price	<del></del>		Case number (if known)	17-20240-jpk	
Part		scribe Any Farm- and Commercial Fishing-Related Property ou own or have an interest in farmland, list it in Part 1.	You Ow	n or Have an Interes	it in.		
46. <b>E</b>	o vou	own or have any legal or equitable interest in any fa	ırm- or	commercial fishin	g-related property?		
		Go to Part 7.					
	□ Yes	. Go to line 47.					
Part	7:	Describe All Property You Own or Have an Interest in That	t You Di	d Not List Above			
53. <b>C</b>	jo you	have other property of any kind you did not already	list?				
_		oles: Season tickets, country club membership					
	No LVoc	Give specific information					
<u> </u>	1 165.	Give specific information					
54.	Add t	he dollar value of all of your entries from Part 7. Writ	e that r	number here			\$0.00
<b>.</b>		, , , , , , , , , , , , , , , , , , ,					<del>- 40.00</del>
Part	8:	List the Totals of Each Part of this Form					
		to Table and a state line O					\$0.00
		I: Total real estate, line 2	*********		***************************************		\$0.00
56.		2: Total vehicles, line 5	_	\$12,000.00			
57.		3: Total personal and household items, line 15	_	\$5,000.00			
		4: Total financial assets, line 36	_	\$1,245.00			
		5: Total business-related property, line 45		\$0.00			
		3: Total farm- and fishing-related property, line 52	. —	\$0.00			
61.	Part 7	7: Total other property not listed, line 54	+ —	\$0.00			
62.	Total	personal property. Add lines 56 through 61		\$18,245.00	Copy personal property t	otal	\$18,245.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62				\$1	8,245.00

Official Form 106A/B

# Case 17-20240-jra Doc 16 Filed 02/13/17 Page 6 of 20

Fill in	n this info	rmation to identify your case:				
Debto	or 1	Lauren F.A. Price				
Debto	or 2	First Name	Middle Name	LE	ast Name	
(Spous	se if, filing)	First Name	Middle Name	La	ast Name	
Unite	ed States E	Bankruptcy Court for the: NOI	RTHERN DISTRICT OF I	NDIA	NA	
Case (If know	number wn)	<u>17-20240-j</u> pk				☐ Check if this is an amended filing
Offi	icial F	orm 106C				
Scl	hedu	le C: The Prope	erty You Cla	im	as Exempt	4/16
he pro neede	operty you	Ilisted on <i>Schedule A/B: Proper</i> and attach to this page as many	ty (Official Form 106A/B)	as yo	ur source, list the property that you	r supplying correct information. Using claim as exempt. If more space is additional pages, write your name and
specif any a funds exem	fic dollar pplicable —may be ption to a	amount as exempt. Alternative statutory limit. Some exempti unlimited in dollar amount. H	ely, you may claim the fo ons—such as those for owever, if you claim an	ull fai healt exen	h aids, rights to receive certain b option of 100% of fair market valu	ng exempted up to the amount of enefits, and tax-exempt retirement
Part '	1: Ider	tify the Property You Claim as	Exempt			
1. V	Vhich set	of exemptions are you claimir	ng? Check one only, ever	ı if yo	ur spouse is filing with you.	
1	■ You are	claiming state and federal nonb	ankruptcy exemptions. 1	1 U.S	s,C. § 522(b)(3)	
		claiming federal exemptions. 1				
2. F	or any pr	operty you list on Schedule A	/B that you claim as exe	mpt,	fill in the information below.	
В	Brief descri	ption of the property and line on	Current value of the		ount of the exemption you claim	Specific laws that allow exemption
S	Schedule A	/B that lists this property	portion you own  Copy the value from	Che	ck only one box for each exemption.	
81 52-			Schedule A/B			
		Id furniture & appliances Schedule A/B: 6.1	\$2,000.00		\$2,000.00	Ind. Code § 34-55-10-2(c)(2)
_		, and and , and			100% of fair market value, up to any applicable statutory limit	
		ctronics including TV &	\$2,000.00		\$2,000.00	Ind. Code § 34-55-10-2(c)(2)
		r equipment Schedule A/B: <b>7.1</b>			100% of fair market value, up to any applicable statutory limit	
	Vearing		\$1,000.00		\$1,000.00	Ind. Code § 34-55-10-2(c)(2)
L	line from a	Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
	VIS Rene		\$1,245.00		\$400.00	Ind. Code § 34-55-10-2(c)(3)
L	Line from S	Schedule A/B: <b>22.1</b>			100% of fair market value, up to any applicable statutory limit	
3. A	Subject to ■ No □ Yes.	Did you acquire the property cov	ry 3 years after that for ca	ises fi	led on or after the date of adjustme	
		No Yes				
റണ്ട് പ്ര	al Form 10		chedule C: The Propert	v Voi	ı Claim as Evemnt	nage 1 of 2

Debtor 1 Lauren F.A. Price

Case number (if known) 17-20240-jpk

### Case 17-20240-ira Doc 16 Filed 02/13/17 Page 8 of 20

Fill in this information to iden	tify your c	ase:				
Debtor 1 Lauren F.	A. Price					
First Name		Middle Name	Last Name			
Debtor 2 (Spouse if, filing) First Name		Middle Name	Last Name			
United States Bankruptcy Court	t for the:	NORTHERN DISTRIC	Γ OF INDIANA			
Case number 17-20240-jpk	<b>c</b>					
(if known)	<del>-</del>				☐ Check	if this is an
					ameno	ded filing
Official Form 106D						
Schedule D: Credi	itors V	Vho Have Cla	ims Secured	by Propert	v	12/15
				<del> </del>		
Be as complete and accurate as po is needed, copy the Additional Pag						
number (if known).						
Do any creditors have claims se						
☐ No. Check this box and s	submit this	form to the court with yo	ur other schedules. Yo	u have nothing else t	to report on this form.	
Yes. Fill in all of the infor	mation bel	ow.				
Part 1: List All Secured Cla	aims					
2. List all secured claims. If a cred for each claim. If more than one cre much as possible, list the claims in a	editor has a r	particular claim, list the other	r creditors in Part 2. As	Column A  Amount of claim  Do not deduct the value of collateral	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Laporte Community Federal C. U.	D	escribe the property that	secures the claim:	\$17,000.00	\$12,000.00	\$5,000.00
Creditor's Name	2	003 Hummer H2				
1315 Southwind Drive		s of the date you file, the	claim is: Check all that			
Michigan City, IN 4636	~~	oply. I Contingent				
Number, Street, City, State & Zip C		Unliquidated				
,		Disputed				
Who owes the debt? Check one.		ature of lien. Check all th	at apply.			
Debtor 1 only		An agreement you made	(such as mortgage or sect	ured		
Debtor 2 only		car loan)				
Debtor 1 and Debtor 2 only		I Statutory lien (such as ta	(lien, mechanic's lien)			
At least one of the debtors and a	another D	Judgment lien from a law	suit			
☐ Check if this claim relates to a community debt	ı [	Other (including a right to	offset)			
Date debt was incurred		Last 4 digits of acco	unt number			
Add the dollar value of your ent	ries in Colu	mn A on this page. Write	that number here:	\$17,0	00.00	
If this is the last page of your fo Write that number here:				\$17,0		
Part 2: List Others to Be No	tified for a	Debt That You Alread	v Listed			

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

	Case.	17-20240-jii	a Doc 10	6 Filed 02/13/17	Page 9 01 2	.0
Fill in th	is information to identify your o	ase:				
Debtor 1	Lauren F.A. Price					
	First Name	Middle Name		Last Name		
Debtor 2 (Spouse if,		Middle Name		Last Name		
United S	States Bankruptcy Court for the:	NORTHERN DI	STRICT OF IN	IDIANA		
Case nu (if known)	mber <u>17-20240-jpk</u>				,	☐ Check if this is an amended filing
	al Form 106E/F					
Sche	dule E/F: Creditors W	ho Have U	nsecured	Claims		12/15
Schedule Schedule left. Attac name and	the term of the contracts of unexpired leases G: Executory Contracts and Unexpired leases D: Creditors Who Have Claims Secutified Continuation Page to this page to case number (if known).  List All of Your PRIORITY University Contracts and Unexpired leases.	ired Leases (Offici ured by Property. I je. If you have no i	al Form 106G). I f more space is	Do not include any creditors we needed, convitte Part you ne	rith partially secured ed. fill it out. number	the entries in the boxes on the
Part 1:	any creditors have priority unsecure					
		a ciamis agamet y	Ju.			
	No. Go to Part 2.					
□\ D=+21	es. List All of Your NONPRIORIT	V Unsecured Cl	aime			
	any creditors have nonpriority unsec					
	No. You have nothing to report in this p			n your other schedules.		
<b>.</b>	∕es.					
uns thar	all of your nonpriority unsecured cl ecured claim, list the creditor separatel one creditor holds a particular claim,	y for each claim. Fo list the other credito	r each claim liste	d identify what type of claim it is	s. Do not list claims air	eady included in Part 1. If more
Part			er i rawrandi 1994.	Anne Committee en 1900 als de les	eren da la 2008 de la composition de l La composition de la	Total claim
4.1	Canterbury Apartments	La	st 4 digits of ac	count number		Notice/Unknown
	Nonpriority Creditor's Name 1200 Mallard Drive	w	hen was the del	ot Incurred?		
	Michigan City, IN 46360  Number Street City State Zip Code  Who incurred the debt? Check one.		s of the date you	ı file, the claim is: Check all tha	at apply	-
	Debtor 1 only		Contingent			
	Debtor 2 only		Unliquidated			
	☐ Debtor 1 and Debtor 2 only		Disputed			
	At least one of the debtors and ar	_	•	RITY unsecured claim:		
	☐ Check if this claim is for a com		Student loans			
	debt Is the claim subject to offset?		l Obligations aris port as priority cl	sing out of a separation agreeme aims	ent or divorce that you	did not
	■ No		Debts to pension	on or profit-sharing plans, and ol	her similar debts	
	□Yes		Other, Specify	Unknown		

## Case 17-20240-jra Doc 16 Filed 02/13/17 Page 10 of 20

Debtor	1 Lauren i	A. Price		Case n	umber (If know)	17-20240-jpk	
4.2	Capital On		Last 4 digits of account number				\$500.00
	Nonpriority Cre P.O. Box 3	0285	When was the debt Incurred?				
		City, UT 84130-0285 t City State Zlp Code	As of the date you file, the claim	is: Check	all that apply		
		the debt? Check one.	•		.,,		
	Debtor 1 o	nly	Contingent				
	Debtor 2 o	nly	☐ Unliquidated				
	_	nd Debtor 2 only	☐ Disputed				
	_	e of the debtors and another	Type of NONPRIORITY unsecure  Student loans	d claim:	•		
	LI Check if to debt	nis claim is for a community	☐ Obligations arising out of a sepa	aration an	reament or divorce	that you did not	
		ubject to offset?	report as priority claims	aration ay	reement or divorce	triat you did not	
	■ No		Debts to pension or profit-sharing	ng plans,	and other similar de	bts	
	Yes		Other, Specify Credit Card	k			
4.3	Credit One		Last 4 digits of account number				\$500.00
	P.O. Box 9		When was the debt incurred?				
		, NV 89193-8873 t City State Zlp Code	A = = 6 4b = d=4 =	( Ob	1) 4144		
		t City State Zip Code  I the debt? Check one.	As of the date you file, the claim	is: Uneck	K all that apply		
	Debtor 1 o		☐ Contingent				
	Debtor 2 o	·	☐ Unliquidated				
	_	nd Debtor 2 only	☐ Disputed				
	☐ At least on	e of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
		his claim is for a community	Student loans				
	debt	ubject to offset?	☐ Obligations arising out of a separeport as priority claims	aration ag	greement or divorce	that you did not	
	No	abject to onset:	Debts to pension or profit-sharing	no plans.	and other similar de	ehts	
	□ Yes		■ Other Specify Credit Care				
Part 3:		rs to Be Notified About a Debt					
is tryi have i	ng to collect for more than one ed for any deb	f you have others to be notified abo rom you for a debt you owe to some creditor for any of the debts that y ts in Parts 1 or 2, do not fill out or s Amounts for Each Type of Unse	eone else, list the original creditor in ou listed in Parts 1 or 2, list the add ubmit this page.	n Parts 1	or 2, then list the	collection agency here.	Similarly, if you
6. Total	the amounts o	of certain types of unsecured claims		reporting	ı purposes only. 28	3 U.S.C. §159. Add the a	mounts for each
type o	of unsecured o	iani.				Claim	
	6a 6a	. Domestic support obligations		6a.	\$	0.00	
	Total						
from P	aims Part 1 6t	. Taxes and certain other debts y	ou owe the government	6b.	\$	0.00	
	60	•	•	6c.	\$	0.00	
	60	i. Other. Add all other priority unsec	ured claims. Write that amount here.	6d.	\$	0.00	
	66	e. Total Priority. Add lines 6a throug	ıh 6d.	6e.	\$	0.00	
i i rilini.		·			· ———		
1.90	500 S 6f	. Student loans		6f.	Total \$	Claim <b>0.00</b>	
	Total	. Stadon Idano		<b>V</b>	Ψ	0.00	
cl from F	aims Part 2 60	. Obligations arising out of a sep	aration agreement or divorce that				
		you did not report as priority cla		6g. 6h.	\$	0.00	
	6h 6i	·	secured claims. Write that amount	6i.	Ψ	0.00 1.000.00	
400	A CONTRACTOR OF THE PARTY OF TH	h			25	1,000.00	

## Case 17-20240-jra Doc 16 Filed 02/13/17 Page 11 of 20

Debtor 1	Laurer	1 F./	۸. Price	Case n	umber (if know)	17-20240-jpk	
				•			
	1 1	6].	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	1,000.00	

### Case 17-20240-jra Doc 16 Filed 02/13/17 Page 12 of 20

Fill	in this info	ormation to identify your	case:			
Deb	otor 1	Lauren F.A. Price	•			
		First Name	Middle Name	Last <b>N</b> ame		
	otor 2 use If, filing)	First Name	Middle Name	Last Name		
Uni	ted States E	Bankruptcy Court for the:	NORTHERN DISTRICT	OF INDIANA		
Cas	se number	17-20240-jpk				
(if kn	own)					Check if this is an amended filing
<u>Of</u>	<u>ficial F</u>	<u>orm 106G</u>				
So	hedul	e G: Executor	y Contracts an	d Unexpired Lease	S	12/15
info	rmation. If	more space is needed, o	ble. If two married people copy the additional page, case number (if known).	are filing together, both are equal fill it out, number the entries, and	lly responsible for s attach it to this pag	upplying correct e. On the top of any
1.		•	acts or unexpired leases? orm with the court with your	other schedules. You have nothing	else to report on this	form.
	Yes. Fil	ll in all of the information b	elow even if the contacts o	fleases are listed on Schedule A/B:	Property (Official Ford	n 106 A/B).
2.	example,			eve the contract or lease. Then sta s for this form in the instruction book		
	Person c	or company with whom y Name, Number, Street, Cit	ou have the contract or l y, State and ZIP Code	ease State what the contrac	t or lease is for	
2	.1 MSF	Renewal		One year lease for November 1, 2016		

### Case 17-20240-jra Doc 16 Filed 02/13/17 Page 13 of 20

Fill in this	information to identify your	case:			
Debtor 1	Lauren F.A. Price				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fill	ng) First Name	Middle Name	Last Name	·	
•					
United Sta	ites Bankruptcy Court for the:	NORTHERN DISTRICT	OF INDIANA		
Case num	ber				
(if known)					Check if this is an amended filing
					amonasa ming
Officia	l Form 106H				
Sched	lule H: Your Cod	ebtors			12/15
our name	and number the entries in the and case number (if known) you have any codebtors? (If	. Answer every question	· ·		p of any Additional Pages, write
■ No □ Ye:					
ы гез	5				
	hin the last 8 years, have you na, California, Idaho, Louisiana,				
Alizoi	ia, California, Idano, Lodisiana,	Nevada, New Mexico, Fu	ieito rico, rexas, wasiiiigi	tori, and wisconsin.	1
■ No.	. Go to line 3.				
☐ Yes	s. Did your spouse, former spou	use, or legal equivalent live	e with you at the time?		
3 In Col	lumn 1, list all of your codebt e 2 again as a codebtor only i	ors. Do not include your	r snouse as a codebtor if	your spouse is filir	
in line Form out C	106D), Schedule E/F (Official olumn 2.	Form 106E/F), or Sched	ntor or cosigner. Make sur	). Use Schedule D	he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil editor to whom you owe the debt
in line Form out C	106D), Schedule E/F (Official olumn 2.  Column 1: Your codebtor	Form 106E/F), or Sched	ntor or cosigner. Make sur	). Use Schedule D  Column 2: The cr Check all schedul	he creditor on Schedule D (Officia Schedule E/F, or Schedule G to fil editor to whom you owe the debt es that apply:
in line Form out C	106D), Schedule E/F (Official olumn 2.  Column 1: Your codebtor	Form 106E/F), or Sched	ntor or cosigner. Make sur	). Use Schedule D  Column 2: The cr Check all schedul  Schedule D, lii	he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt es that apply:
in line Form out C	106D), Schedule E/F (Official olumn 2.  Column 1: Your codebtor  Name, Number, Street, City, State and Zi	Form 106E/F), or Sched	ntor or cosigner. Make sur	). Use Schedule D  Column 2: The cr Check all schedul	he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt es that apply:    Compare
in line Form out C	106D), Schedule E/F (Official olumn 2.  Column 1: Your codebtor Name, Number, Street, City, State and Z.  Name	Form 106E/F), or Sched	ntor or cosigner. Make sur	Column 2: The cr Check all schedul Schedule D, lii	he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt es that apply:  ne
in line Form out C	106D), Schedule E/F (Official olumn 2.  Column 1: Your codebtor Name, Number, Street, City, State and Z.	Form 106E/F), or Sched	ntor or cosigner. Make sur	Column 2: The cr Check all schedul Schedule D, lii	he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt es that apply:    Compare
in line Form out C	106D), Schedule E/F (Official olumn 2.  Column 1: Your codebtor Name, Number, Street, City, State and Z.  Name	Form 106E/F), or Sched	ntor or cosigner. Make sui lule G (Official Form 106G	Column 2: The cr Check all schedul Schedule D, lii	he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt es that apply:  ne line
in line Form out C	106D), Schedule E/F (Official olumn 2.  Column 1: Your codebtor Name, Number, Street, City, State and Z.  Name	Form 106E/F), or Sched	ntor or cosigner. Make sui lule G (Official Form 106G	Olumn 2: The cr Check all schedul Schedule D, lii Schedule E/F, Schedule G, lii	he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt es that apply:  ne ne
in line Form out C	106D), Schedule E/F (Official olumn 2.  Column 1: Your codebtor Name, Number, Street, City, State and Z.  Name  Number Street City	Form 106E/F), or Sched	ntor or cosigner. Make sui lule G (Official Form 106G	Column 2: The cr Check all schedul Schedule D, lii	he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt es that apply:  Include The Third
in line Form out C	106D), Schedule E/F (Official olumn 2.  Column 1: Your codebtor Name, Number, Street, City, State and Z.  Name  Number Street City	Form 106E/F), or Sched	ntor or cosigner. Make sui lule G (Official Form 106G	D. Use Schedule D  Column 2: The cr Check all schedul  Schedule D, lii  Schedule E/F,  Schedule G, lii  Schedule D, lii  Schedule E/F,	he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt es that apply:  ne ne

Fill	in this information to	identify your ca	se:							
Deb	otor 1	Lauren F.A. F	Price			_				
	otor 2 use, if filing)					_				
Unit	ted States Bankrupto	cy Court for the:	NORTHERN DISTRIC	CT OF INDIANA		_				
	se number 17-2	20240-jpk					Check if this is:  An amende  A supplement	nt showing	postpetition lowing date:	chapter
O	fficial Form	1061					MM / DD/ Y		lowing date.	
	chedule I: \		ome				IVIIVI / DD/ T	111		12/15
sup <sub>l</sub>	plying correct infor use. If you are sepa ch a separate shee	mation. If you a trated and you	ible. If two married peo are married and not filir spouse is not filing wi On the top of any addition	ng jointly, and your spo th you, do not include	use i inforr	s living nation :	with you, incluated with your spoots	ide inform use. If mo	ation about ; re space is n	your leeded,
1.	Fill in your emplo					de Vermane Vermane de la Contraction de la Contr		According to the control of the cont	No. 4 of the Control	
	information.	1.6		Debtor:		A CONTROL OF THE PARTY OF THE P	□ Emplo	**************************************	ng spouse	And the second s
	If you have more than one job, attach a separate page with information about additional	page with	Employment status	■ Employed □ Not employed			•	☐ Not employed		
	employers.	additional	Occupation	Stocker						ible for your needed,
	Include part-time, s self-employed wor		Employer's name	Walmart						
	Occupation may in or homemaker, if it		Employer's address	702 SW 8th St. Bentonville, AR 72	716					
			How long employed ti	here? 1 week						
Par	t 2: Give Deta	ails About Mon	thly Income							
	mate monthly inco		ate you file this form. If y	you have nothing to repo	rt for	any line	e, write \$0 in the	space. Incl	iude your nor	ı-filing
	u or your non-filing s e space, attach a se		re than one employer, co	ombine the Information fo	r all e	mploye	ers for that perso	n on the lin	es below. If y	ou need
						Ħ	or Debtor 1		ntor 2 or ng spouse	
2.	List monthly gros deductions). If not	ss wages, salar t paid monthly, c	y, and commissions (be alculate what the monthl	efore all payroll y wage would be.	2.	\$	1,735.00	\$	N/A	
3.	Estimate and list	monthly overti	me pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross I	ncome. Add lin	e 2 + line 3.		4.	\$	1,735.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	or 1	Lauren F.A. Price		C	Case	number (if known)	_1	7-2024	0-jpk		
				HERE WAS A	For	Debtor 1		For Det			
	Сору	y line 4 here	4.	È	\$	1,735.00	_	\$	ig opc	N/A	
5.	List a	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	l.	\$_	242.00		\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$_	0.00		\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c		\$	0.00		\$		N/A	
	5d.	Required repayments of retirement fund loans	5d		\$_	0.00		\$		N/A	
	5e.	Insurance	5e 5f.		\$ \$	0.00		\$		N/A N/A	
	5f. 5g.	Domestic support obligations Union dues	5g		\$-	0.00		\$		N/A	
	5g. 5h.	Other deductions. Specify:	5h		<u>\$</u> -	0.00		<b>\$</b>		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	242.00		\$		N/A	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	1,493.00		\$		N/A	
8.	8a. 8b. 8c. 8d. 8e. 8f.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Food stamps	80 80 86	o. 3. 3. ∍.	\$\$ \$ \$\$\$ \$ \$ 	0.00 0.00 0.00 0.00 0.00	-	\$ \$ \$ \$ \$		N/A N/A N/A N/A N/A	
	94	Kid's dad Pension or retirement income	_ 8g	٦.	\$_	1,245.00 0.00	-	\$		N/A N/A	-
	8g. 8h.	Other monthly income. Specify:		ታ ገ.+	\$-	0.00	_	·		N/A	-
	0			 			- 1 !			11,21	□
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	1,756.00		\$		N/A	<u>\</u>
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$		3,249.00 + \$			N/A =	\$	3,249.00
11.	Inclu other	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your rifiends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	dep							/. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certalies							12.	\$	3,249.00
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?						-	ombi nonthi	ned y income
	П	Yes, Explain:			•			-			

Official Form 1061 Schedule I: Your Income page 2

Fill i	in this information to identify yo	ur case:					
Deb						if this is:	
1	tor 2 				A	n amended filing supplement showi 3 expenses as of tl	ng postpetition chapter ne following date:
Unite	ed States Bankruptcy Court for the:	NORTH	IERN DISTRICT OF INDIA	.NA	M	M / DD / YYYY	<u>.                                    </u>
1	e number 17-20240-jpk nown)		<u>.</u>			·	
	fficial Form 106J	<del></del>					
Be :	chedule J: Your E as complete and accurate as ormation. If more space is need when (if known). Answer every	possible eded, atta	. If two married people ar ich another sheet to this	e filing together, bo form. On the top of	th are equal any addition	ly responsible for al pages, write yo	12/15 r supplying correct our name and case
Par 1.	t 1: Describe Your House is this a joint case?	hold			· · · · · · · · · · · · · · · · · · ·		
	■ No. Go to line 2. □ Yes. <b>Does Debtor 2 live i</b>	n a sepai	ate household?				
	☐ No ☐ Yes. Debtor 2 mus	t file Offic	ial Form 106J-2, <i>Expenses</i>	ofor Separate Housel	hold of Debto	r 2.	
2.	Do you have dependents?	□ No					
	Do not list Debtor 1 and Debtor 2.	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor	2	Dependent's age	Does dependent live with you?
	Do not state the dependents names.			Son		2	□ No ■ Yes □ No
				Daughter	<u>.</u>	7	□ No ■ Yes □ No
							☐ Yes ☐ No
3.	Do your expenses include expenses of people other the yourself and your depender	nan –	l <sub>No</sub> l Yes				☐ Yes
Est exp	Estimate Your Ongoin timate your expenses as of your expenses as of a date after the bolicable date.	our bankı	uptcy filing date unless y				
the	lude expenses paid for with revalue of such assistance and ficial Form 106I.)					Your expe	
4.	The rental or home owners payments and any rent for the			nclude first mortgage	4. \$		1,245.00
	If not included in line 4:						
	4a. Real estate taxes				4a. \$		0.00
	<ul><li>4b. Property, homeowner's</li><li>4c. Home maintenance, re</li></ul>	•			4b. \$ 4c. \$		17.00
	<ul><li>4c. Home maintenance, re</li><li>4d. Homeowner's associat</li></ul>	•	• •		4d. \$	-	0.00 0.00
5.	Additional mortgage payme			me equity loans	5. \$		0.00

Debi	tor 1 Lauren F.A. Price	Case number (if known)	17-20240-jpk
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a. \$	100.00
	6b. Water, sewer, garbage collection	6b. \$	100.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	200.00
	6d. Other. Specify:	6d. \$	0.00
7.	Food and housekeeping supplies	7. \$	511.00
	Childcare and children's education costs	8. \$	0.00
	Clothing, laundry, and dry cleaning	9. \$	
	Personal care products and services	10. \$	50.00
	•	11. \$	50.00
	<b>Transportation.</b> Include gas, maintenance, bus or train fare.	П. Ф	0.00
12.	Do not include car payments.	12. \$	260.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	45.00
14.	Charitable contributions and religious donations	14. \$	0.00
	Insurance.	· · · · · · · · · · · · · · · · · · ·	0.00
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a. <b>\$</b>	0.00
	15b. Health insurance	15b. \$	0.00
	15c. Vehicle insurance	15c. \$	80.00
	15d. Other insurance, Specify:	15d. <b>\$</b>	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		0.00
	Specify:	16. \$	0.00
17.	Installment or lease payments:		0.00
	17a. Car payments for Vehicle 1	17a. \$	0.00
	17b. Car payments for Vehicle 2	17b. \$	0.00
	17c. Other. Specify:	17c. \$	0.00
	17d. Other Specify:	17d. \$	0.00
18.	Your payments of alimony, maintenance, and support that you did not repo	•	0.00
	deducted from your pay on line 5, Schedule I, Your Income (Official Form 1	061). 18. \$	0.00
19.	Other payments you make to support others who do not live with you.	\$	0.00
	Specify:	19.	
20.	tem by about a substitution in this or of the fourth of our	Schedule I: Your Income.	
	20a. Mortgages on other property	20a. \$	0.00
	20b. Real estate taxes	20b. \$	0.00
	20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
	20e. Homeowner's association or condominium dues	20e. \$	0.00
21.	Other: Specify:	21. +\$	0.00
00		· · · · · · · · · · · · · · · · · · ·	
	Calculate your monthly expenses		
	22a. Add lines 4 through 21.		2,658.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106	3J-2 \$	
	22c. Add line 22a and 22b. The result is your monthly expenses.	\$	2,658.00
22	Calculate your monthly not income		
	Calculate your monthly net income.	00a A	0.0
	<ul><li>23a. Copy line 12 (your combined monthly Income) from Schedule I.</li><li>23b. Copy your monthly expenses from line 22c above.</li></ul>	23a. \$	3,249.00
	Zob. Gopy your monthly expenses from time 220 above.	23b\$	2,658.00
	23c. Subtract your monthly expenses from your monthly income.	· · · · · · · · · · · · · · · · · · ·	
	The result is your monthly net income.	23c. \$	591.00
	mo rosult is your <i>monuny nat intoffile</i> .	Ανο. Ψ	331.00
24.	Do you expect an increase or decrease in your expenses within the year af	ter you file this form?	
	For example, do you expect to finish paying for your car loan within the year or do you expe-	ct your mortgage payment to incre	ease or decrease because of a
	modification to the terms of your mortgage?	*	
	■ No.		
	☐ Yes. Explain here:		

## Case 17-20240-jra Doc 16 Filed 02/13/17 Page 18 of 20

Filli	n this information to identify your case:		
Deb			
Deb	First Name Middle Name Last Name  tor 2		
	ise if, filling) First Name Middle Name Last Name		
Unit	ed States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA		
Cas (if kno	e number 17-20240-jpk	☐ Check i	if this is an ed filing
Off	icial Form 106Sum		
	mmary of Your Assets and Liabilities and Certain Statistical Information		2/15
infor	s complete and accurate as possible. If two married people are filing together, both are equally responsible fo mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amende original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	r supplying ed schedule	g correct es after you file
Part	1: Summarize Your Assets		
		Your as Value of	se <b>ts</b> what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	18,245.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	18,245.00
Pari	2: Summarize Your Liabilities		
		Your lia Amount	bilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	17,000.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	1,000.00
	Your total liabilities	\$	18,000.00
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,249.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,658.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	edules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules.	s box and su	ubmit this form to

Official Form 106Sum

### Case 17-20240-jra Doc 16 Filed 02/13/17 Page 19 of 20

Debtor 1 Lauren F.A. Price Case number (if known) 17-20240-jpk

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 0.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clai	<b>m</b>
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal Injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Fill in this infor Debtor 1	rmation to identify your	case:		•	
Debtor 1					
	Lauren F.A. Price	<b>}</b>			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
	ankruptcy Court for the:	NORTHERN DISTRIC	T OF INDIANA		
Office Otales D	ankingtoy Court for the.	·	I OI INDIANA		
Case number (if known)					Charle if this is an
(II KNOWII)					Check if this is an amended filing
f two married p You must file th	tion About a	r, both are equally respo ile bankruptcy schedule n connection with a ban	Debtor's Scl onsible for supplying corres s or amended schedules. kruptcy case can result in		12/15 ncealing property, or risonment for up to 20
Sic					
	gn Below ay or agree to pay some	one who is NOT an atto	rney to help you fill out ba	ankruptcy forms?	
		one who is NOT an atto	rney to help you fill out ba	ankruptcy forms?	
Did you pa		one who is NOT an atto	rney to help you fill out ba	Attach <i>Bankruptoy Pe</i>	tition Preparer's Notice, ature (Official Form 119)

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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